AMBULATORY and EMERGENCY DEPARTMENT PATIENT DATA PUBLIC DATA FILE LAYOUT
EFFECTIVE January 2010

ITEM	DATA ELEMENTS	FILE COLUMN HEADING	COMMENTS
1.	System Record ID Number	SYS_RECID	
2.	Report Year	YEAR	
3.	Report Quarter	QTR	
4.	AHCA Facility Number	FACLNBR	
5.	Facility Medicare Number (new)	MCARE_NBR	
6.	Type of Service Code	TYPE_SERV	
7.	Service Location (new)	SERV_LOC	
8.	Pro Code	PRO_CODE	
9.	Facility Region	FAC_REGION	
10.	Facility County	FAC_COUNTY	
11.	Patient Ethnicity (new)	ETHNICITY	
12.	Patient Race (revised name and codes)	RACE	
13.	Patient Sex (revised codes)	SEX	
14.	Patient Age (calculated)	AGE	
15.	Length of Service (days) (calculated)	LOSDAYS	
16.	Patient Visit Weekday	WEEKDAY	
17.	Patient Zip Code	ZIPCODE	
18.	Patient County	PTCOUNTY	
19.	Patient State of Residence	PTSTATE	
20.	Patient Country (new)	PTCOUNTRY	
21.	Source or Point of Origin of Admission (new)	ADMSRC	
22.	Hour of Arrival	HR_ARRIVAL	
23.	Emergency Department (ED) Hour of Discharge (new)	EDHR_DISCH	
24.	Patient Status at End of Visit	PT_STATUS	
25.	Principal Payer (revised codes)	PAYER	
26.	Patient's Reason for Visit ICD-CM Code (admitting diagnosis)	REASON_CDE	
27.	Evaluation and Management Code (new)	EVALCODE1 – EVALCODE5	Occurs up to 5 times
28.	Other CPT or HCPCS Procedure Codes	OTHCPT1 – OTHCPT30	Occurs up to 30 times
29.	Principal ICD-CM Diagnosis Code	PRINDIAG	
30.	Other ICD-CM Diagnosis Code	OTHDIAG1 – OTHDIAG9	Occurs up to 9 times
31.	External Cause of Injury Code	ECODE1 – ECODE3	Occurs up to 3 times
32.	Principal ICD-CM Procedure Code	PRINPROC	
33.	Other ICD-CM Procedure Code	OTHPROC1 – OTHPROC4	Occurs up to 4 times
34.	Attending Practitioner Identification Number (revised name)	ATTEN_PHYID	
35.	Attending Practitioner National Provider Identification (NPI) (new)	ATTEN_PHYNPI	
36.	Operating or Performing Practitioner Identification Number (revised name)	OPER_PHYID	
37.	Operating or Performing Practitioner National Provider Identification (NPI) (new)	OPER_PHYNPI	
38.	Other Operating or Performing Practitioner Identification Number (revised name)	OTHOPER_PHYID	
39.	Other Operating or Performing Practitioner National Provider Identification (NPI) (new)	OTHOPER_PHYNPI	

ITEM	DATA ELEMENTS	FILE COLUMN HEADING	COMMENTS
40.	Pharmacy Charges	PHARMCHGS	
41.	Medical and Surgical Supply Charges	MEDCHGS	
42.	Laboratory Charges	LABCHGS	
43.	Radiology and Other Imaging Charges	RADCHGS	
44.	Cardiology Charges (Cardiac Cath)	CARDIOCHGS	
45.	Operating Room Charges	OPRMCHGS	
46.	Anesthesia Charges	ANESCHGS	
47.	Recovery Room Charges	RECOVCHGS	
48.	Emergency Room Charges	ERCHGS	
49.	Trauma Response Charges (new)	TRAUMACHGS	
50.	Treatment or Observation Room Charges	OBSERCHGS	
51.	Gastro-Intestinal (GI) Services (new)	GASTROCHGS	
52.	Extra-Corporeal Shock Wave Therapy (Lithotripsy) (new)	LITHOCHGS	
53.	Other Charges	OTHCHGS	
54.	Total Gross Charges	TCHGS	

AMBULATORY and EMERGENCY
DEPARTMENT PATIENT DATA
PUBLIC DATA FILE LAYOUT
EFFECTIVE January 2010

Note: This document lists data elements from Chapter 59B-9, F.A.C. For more information please visit http://www.floridahealthfinder.gov or visit http://www.ahca.myflorida.com/SCHS/2010-Resources.shtml.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
1. **System Record ID Number** **sys_recid**	A unique numeric system record identification (ID) number.
2. **Report Year** **year**	The four-digit year in which the visit occurred.
3. **Report Quarter** **qtr**	A single-digit representing the quarter: **1** – January through March **2** – April through June **3** – July through September **4** – October through December
4. **AHCA Facility Number** **faclnbr**	An eight to ten digit identification number assigned to the facility by the AHCA for reporting purposes. A required entry.
5. **Facility Medicare Number** **mcare_nbr**	The Medicare number of the facility as assigned by the Centers for Medicare & Medicaid Services (CMS). The identification number must contain seven (7) numeric digits. A required entry. *(NOTE: This is a new data element effective first quarter 2010.)*
6. **Type of Service Code** **type_serv**	A one digit code indicating type of service: **1** – Ambulatory surgery, as described in 59B-9.034 (1)(a), F.A.C. **2** – Emergency department visit, as described in 59B-9.034 (2)(b), F.A.C.
7. **Service Location** **serv_loc**	A code designating services performed at an offsite emergency department location at facilities whose license includes an "offsite" emergency department. For type of service "2" indicating emergency department, an upper case "A" is used for services performed at the offsite emergency department location. No entry is permitted if type of service is "1" or for hospitals without an offsite emergency department location. *(NOTE: This is a new data element effective first quarter 2010.)*
8. **Pro Code** **pro_code**	An internal AHCA program code assigned to each facility type: **Valid for Type of Service Code "1" indicating ambulatory surgery:** **14** – Ambulatory Surgery Center **23** – Hospital **64** – Cardiac Catheterization **66** – Lithotripsy **Valid for Type of Service Code "2" indicating emergency department:** **23** – Hospital
9. **Facility Region** **fac_region**	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district (Florida Local Health Council Districts), as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
10. **Facility County** **fac_county**	The facility county within the State of Florida. (See attached description of Florida Counties by Number).

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
11. **Patient Ethnicity** ethnicity	Self designated by the patient or patient's parent or guardian. The patient's ethnic background shall be reported as one choice from the following list of alternatives. A required entry. **E1** – Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. **E2** – Non-Hispanic or Latino. A person not of any Spanish culture or origin. **E7** – Unknown *(NOTE: This is a new data element effective first quarter 2010.)*
12. **Patient Race** race	Self designated by the patient or patient's parent or guardian. A single digit code identifying the patient's racial background. A required entry. **1** – American Indian or Alaskan Native **2** – Asian **3** – Black or African American **4** – Native Hawaiian or Other Pacific Islander **5** – White **6** – Other **7** – Unknown *(NOTE: Previously titled "Patient Race and Ethnicity". Prior to first quarter 2010, some codes were reflected differently. The acceptable codes which have new descriptions were: 4 – White; 5 – White Hispanic; 6 – Black Hispanic; 7 – Other. Patient Race Code of 8 – No Response is no longer reported as of first quarter 2010.)*
13. **Patient Sex** sex	The sex of the patient at the time of admission. A single alpha character: **M** – Male **F** – Female **U** – Unknown *(NOTE: Prior to first quarter 2010, this field utilized a single digit code 1-male, 2-female or 3 unknown.)*
14. **Patient Age in Years** age	Calculated number of years between birth date and visit date. *(a calculated field)*
15. **Length of Service** losdays	Calculated number of days between visit beginning date and visit ending date. *(a calculated field)*
16. **Patient Visit Weekday** weekday	One-digit field indicating day of week procedure was performed. **1** – Monday **5** - Friday **2** – Tuesday **6** - Saturday **3** – Wednesday **7** - Sunday **4** – Thursday
17. **Patient Zip Code** zipcode	The patient's permanent residence zip code. Zip codes are reported as indicated below for homeless patients, foreign residences, and where efforts to obtain the information were unsuccessful. A required entry. **00000** – Unknown ZIP Code **00007** – Homeless **00009** – Foreign Patient *(NOTE: Zip code data are no longer masked. Prior to first quarter 2010, the zip codes were masked if the patient's residence was outside of Florida or in an area within the state where the population is less than 500 people.)*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
18. **Patient County** **ptcounty**	County of residence. Florida patient's only. The patient's ZIP code is used to reference the U.S. Postal Services database. When a ZIP code crosses county lines, the county code will contain the code of the county in which the greatest portion of that ZIP code lays. (See attached description of Florida Counties by Number). *(a calculated field)* **99-** Unknown or non-Florida patient
19. **Patient State** **ptstate**	The patient's state of residence. The patient's ZIP code is used to reference the U.S. Postal Service standard state or territory. *(a calculated field)* **XX-** Unknown state of residence or not applicable.
20. **Patient Country** **ptcountry**	The country code of residence. A two digit upper case alpha code from the International Standard for Organization country code list, ISO 3166 or latest release. A required entry. *(See attached description of country codes)* Web link: http://www.iso.org/iso/country_codes/iso_3166_code_lists/english_country_names_and_code_elements.htm **99 – Unknown;** **99 - Also used for type of service code "1" indicating ambulatory surgery data** *(NOTE: This is a new data element effective first quarter 2010.)*
21. **Source or Point of Origin of Admission** **admsrc**	A two digit code or one character alpha code. **A required entry for Type of Service Code "2" indicating emergency department.** **Zero filled for type of service code "1" indicating ambulatory surgery data.** **01** – **Non-health care facility source of origin** Includes patients coming from home, physician office or workplace. The patient presents to this facility with an order from a physician for services or seeks scheduled services for which an order is not required. Includes non-emergent self referrals. **02** – **Clinic** The patient was referred to this facility for outpatient or referenced diagnostic procedures. **04** – **Transfer from a Hospital** The patient was transferred to this facility as an outpatient from an acute care facility. Transfer must be from a different hospital. **05** – **Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)** The patient was referred to this facility as a transfer from a SNF or ICF where the patient was a resident. **06** – **Transfer from another health care facility** The patient was referred to this facility for services by another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient. **07** – **Emergency Room** The patient received unscheduled services in this facility's emergency department and discharged without an inpatient admission. Includes self-referrals in emergency situations that require immediate medical attention. Excludes patients who came to the emergency room from another health care facility. **08** – **Court/Law Enforcement** The patient was referenced to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services. Includes transfers from incarceration facilities. **09** – **Information Not Available** The means by which the patient was referred to this hospital's outpatient department is not known. **D** – **Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim** The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer. **E** – **Transfer from Ambulatory Surgery Center** The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center. **F – Transfer from hospice and under a hospice plan of care or enrolled in a hospice program** The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice*.* *(NOTE: This is a new data element effective first quarter 2010.)*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
22. **Hour of Arrival** **hr_arrival**	The hour on a 24-hour clock during which the patient's visit for ambulatory surgery began or registration occurred in the emergency department. A required entry. Must be two digits as follows:
23. **Emergency Department (ED) Hour of Discharge** **edhr_disch**	The *hour* on a 24-hour clock during which the patient left the emergency department. A required entry. Must be two digits as follows: **99 - Also used for type of service code "1" indicating ambulatory surgery data** *(NOTE: This is a new data element effective first quarter 2010.)*

For element 22 (Hour of Arrival):

AM HOURS	PM HOURS
00 – 12:00 midnight to 12:59:59	**12** – 12:00 noon to 12:59:59
01 – 01:00 to 01:59:59	**13** – 01:00 to 01:59:59
02 – 02:00 to 02:59:59	**14** – 02:00 to 02:59:59
03 – 03:00 to 03:59:59	**15** – 03:00 to 03:59:59
04 – 04:00 to 04:59:59	**16** – 04:00 to 04:59:59
05 – 05:00 to 05:59:59	**17** – 05:00 to 05:59:59
06 – 06:00 to 06:59:59	**18** – 06:00 to 06:59:59
07 – 07:00 to 07:59:59	**19** – 07:00 to 07:59:59
08 – 08:00 to 08:59:59	**20** – 08:00 to 08:59:59
09 – 09:00 to 09:59:59	**21** – 09:00 to 09:59:59
10 – 10:00 to 10:59:59	**22** – 10:00 to 10:59:59
11 – 11:00 to 11:59:59	**23** – 11:00 to 11:59:59
	99 – Unknown

For element 23 (ED Hour of Discharge):

AM HOURS	PM HOURS
00 – 12:00 midnight to 12:59:59	**12** – 12:00 noon to 12:59:59
01 – 01:00 to 01:59:59	**13** – 01:00 to 01:59:59
02 – 02:00 to 02:59:59	**14** – 02:00 to 02:59:59
03 – 03:00 to 03:59:59	**15** – 03:00 to 03:59:59
04 – 04:00 to 04:59:59	**16** – 04:00 to 04:59:59
05 – 05:00 to 05:59:59	**17** – 05:00 to 05:59:59
06 – 06:00 to 06:59:59	**18** – 06:00 to 06:59:59
07 – 07:00 to 07:59:59	**19** – 07:00 to 07:59:59
08 – 08:00 to 08:59:59	**20** – 08:00 to 08:59:59
09 – 09:00 to 09:59:59	**21** – 09:00 to 09:59:59
10 – 10:00 to 10:59:59	**22** – 10:00 to 10:59:59
11 – 11:00 to 11:59:59	**23** – 11:00 to 11:59:59
	99 – Unknown

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
24. **Patient Status** **pt_status**	Patient disposition at the end of the visit. A required entry. Must be two digit code as follows: **01** – Discharged to home or self-care (routine discharge) **02** – Transferred to a short-term general hospital for inpatient care **03** – Transferred to a skilled nursing facility with Medicare certification in anticipation of skilled care **04** – Transferred to an intermediate care facility **05** – Transferred to a designated cancer center or Children's Hospital. **06** – Discharged to home under care of home health care organization service in anticipation of skilled care **07** – Left against medical advice or discontinued care **20** – Expired **50** – Discharge to hospice - home **51** – Transferred to hospice. Hospice medical facility (certified) providing hospice level of care **62** – Transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital **63 –** Discharged or transferred to a Medicare certified long term care hospital. **64** – Discharged or transferred to a Nursing Facility certified under Medicaid but not certified under Medicare **65** – Discharged or transferred to a psychiatric hospital including psychiatric distinct part units of a hospital **66** – Discharged or transferred to a Critical Access hospital. **70** – Discharged or transferred to another type of health care institution not defined elsewhere in this code list. *(NOTE: Discharge status 64, 66 and 70 are acceptable reporting codes effective with first quarter 2010. Discharge status 08 is no longer reported effective first quarter 2010.)*
25. **Principal Payer** **payer**	A single character upper case alpha code identifying the expected primary source of reimbursement for services rendered based on the patient's status at the time of reporting. A required entry. **A** – **Medicare** **B** – **Medicare Managed Care** – Patients covered by Medicare Advantage plans, Medicare HMO, Medicare PPO, Medicare Private Fee for Service or any other type of Medicare plan where CMS is not the direct payer. *(NOTE: Payer B was defined as "Medicare HMO and Medicare PPO", beginning first quarter 2006 through fourth quarter 2009.)* **C** – **Medicaid** **D** – **Medicaid Managed Care** – Patients covered by Medicaid HMOs, Medicaid provider sponsored networks (PSNs) or other Medicaid funded plans that are licensed in the state of Florida. This would include any program where the patient qualifies for Medicaid but the payment is not directly from the State of Florida Medicaid program. *(NOTE: Payer D was defined as "Medicaid HMO" prior to first quarter 2010.)* **E** – **Commercial Health Insurance –** Patients covered by any type of private coverage, including HMO, PPO, or self-insured plans. *(NOTE: Prior to first quarter 2010, Commercial Insurance was reported as Payer "E". Commercial HMO was reported as Payer "F" and Commercial PPO was reported as Payer "G".)* **H** – **Workers' Compensation** **I** – **TriCare or Other Federal Government** *(NOTE: Payer I was defined as "CHAMPUS" prior to first quarter 2010.)* **J - VA** **K** –**Other State/Local Government** **L** – **Self Pay** – Patients with no insurance coverage *(NOTE: Payer L was defined as Self Pay/ Under-insured prior to first quarter 2010.)* **M** –**Other** **N** –**Non-Payment** – Includes charity, professional courtesy, no charge, research/clinical trial, refusal to pay/bad debt, Hill Burton free care, research/donor that is known at the time of reporting. *(NOTE: Payer N was defined as "Charity" prior to first quarter 2010.)* **O** – **Kidcare** - Includes Healthy Kids, Medikids, and Children's Medical Services **P – Unknown** – Unknown shall be reported if principal payer information is not available and type of service is "2" and patient status is "07". **Q** – **Commercial Liability Coverage** – Patients whose health care is covered under a liability policy, such as automobile, homeowners or general business. *(NOTE: Payer Q is a new code effective first quarter 2010.)*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
26. Patient's Reason for Visit ICD-CM Code (Admitting Diagnosis) reason_cde	The code representing the patient's chief complaint or stated reason for seeking care. **If type of service is "2" indicating emergency department data:** Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. A required entry. Alpha characters must be in upper case. **If type of service is "1" indicating ambulatory surgery data:** **Space filled**
27. (1 of 5) Evaluation and Management Code evalcode1 – evalcode5	A code representative of the patient acuity level for the services provided. Must contain a valid Evaluation and Management Code range: 99281 – 99285; 99288 ; 99291 – 99292; and G0380 – G0384, even if the only service provided to a registered patient is triage or screening. **99999 - use if "patient status" is "07" or where a visit occurs resulting in zero** ** charges** **99999 - Also used for type of service code "1" indicating ambulatory surgery data** *(NOTE: Previously titled "Principal CPT or HCPCS Procedure Code".)*
28. (1 of 30) Other CPT or HCPCS Codes othcpt1 – othcpt30	A code representing a procedure or service provided during the patient visit. If not space filled, must be a valid CPT of HCPCS code for the reporting period. Up to 30 secondary CPT or HCPCS procedure codes may be reported. *(NOTE: Prior to January 2010, this occurred 9 times.)*
29. Principal ICD-CM Diagnosis Code prindiag	The valid ICD-9-CM or ICD-10-CM code representing the diagnosis chiefly responsible for the services performed during the visit. The code must be entered with a decimal point that is included in the valid code. A blank field is permitted for type of service "2" indicating emergency department if patient status is "07" indicating that the patient left against medical advice or discontinued care.
30. (1 of 9) Other ICD-CM Diagnosis Code othdiag1 – othdiag9	Up to 9 secondary ICD-9-CM or ICD-10-CM codes representing a diagnosis related to the services provided during the visit. Less than nine entries or space filled is permitted consistent with the records of the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each visit reported. Includes decimal point.
31. (1 of 3) External Cause of Injury Code ecode1 – ecode3	Up to 3 ICD-9-CM or ICD-10-CM cause of injury codes representing circumstances or conditions as the cause of injury, poisoning, or other adverse effects recorded as a diagnosis. Less than three or space filled consistent with the records of the reporting entity is permitted. Includes decimal point.
32. Principal ICD-CM Procedure Code prinproc	The ICD-9-CM or ICD-10-CM procedure code representing the procedure or service most related to the principal diagnosis. A blank or no entry is permitted consistent with the records of the reporting entity. Includes decimal point.
33. (1 of 4) Other ICD-CM Procedure Code othproc1 – othproc4	Up to 4 secondary ICD-9-CM or ICD-10-CM procedure codes representing a procedure or service provided during the visit. Less than four or space filled permitted consistent with the records of the reporting entity. Includes decimal point.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
34. **Attending Practitioner Identification Number** **atten_phyid**	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the patient's care during the visit. An alpha-numeric field of up to eleven characters, alpha characters must be in upper case. **US999999999 =** Military physicians not licensed in Florida **NA =** Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner *(NOTE: Previously titled "Attending Physician ID".)*
35. **Attending Practitioner National Provider Identification (NPI)** **atten_phynpi**	A unique ten (10) character identification number assigned to a provider. A required identification number for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. **9999999999 -** For military physicians, medical residents or individuals not required to obtain a NPI number. *(NOTE: This is a new data element beginning first quarter 2010.)*
36. **Operating or Performing Practitioner Identification Number** **oper_phyid**	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. An alpha-numeric field of up to eleven characters, alpha characters must be in upper case. A blank or no entry is permitted if a principal procedure is not reported. **US999999999 =** Military physicians not licensed in Florida **NA =** Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner. *(NOTE: Previously titled "Operating or Performing Physician ID".)*
37. **Operating or Performing Practitioner National Provider Identification (NPI)** **oper_phynpi**	A unique ten (10) character identification number assigned to a provider who had primary responsibility for the Principal Procedure. A required Identification number for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. **9999999999** - For military physicians, medical residents or individuals not required to obtain a NPI number. *(NOTE: This is a new data element beginning first quarter 2010.)*
38. **Other Operating or Performing Practitioner Identification Number** **othoper_phyid**	The Florida license number of a different operating or performing practitioner. Report a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who rendered care to the patient other than the practitioners reported above. May be blank or no entry consistent with the records of the reporting entity. **US999999999 =** Military physicians not licensed in Florida *(NOTE: Previously titled "Other Physician ID Number".)*
39. **Other Operating or Performing Practitioner National Provider Identification (NPI)** **othoper_phynpi**	A unique ten (10) character identification number assigned to a provider. A required entry for providers in the U.S. or its territories and providers not in the U.S. or its territories upon mandated HIPAA NPI implementation date. **9999999999** - For military physicians, medical residents or individuals not required to obtain an NPI number. *(NOTE: This is a new data element beginning first quarter 2010.)*

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
REVENUE CHARGES **(Listed Below)**	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. Negative amounts are permitted if verified.
40. **Pharmacy Charges** **pharmchgs**	Charges for medication.
41. **Medical and Surgical Supply Charges** **medchgs**	Charges for supply items required for patient care.
42. **Laboratory Charges** **labchgs**	Charges for the performance of diagnostic and routine clinical laboratory tests.
43. **Radiology and Other Imaging Charges** **radchgs**	Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances. .
44. **Cardiology Charges** **cardiochgs**	Charges for cardiac procedures rendered such as heart catheterization.
45. **Operating Room Charges** **oprmchgs**	Charges for the use of the operating room.
46. **Anesthesia Charges** **aneschgs**	Charges for anesthesia services by the facility.
47. **Recovery Room Charges** **recovchgs**	Charges for the use of the recovery room.
48. **Emergency Room Charges** **erchgs**	Charges for medical examinations and emergency treatment.
49. **Trauma Response Charges** **traumachgs**	Charges for a trauma team activation at a State of Florida licensed Trauma Center. Report charges for revenue code 68X used in the UB-04. *(NOTE: This is a new data element beginning first quarter 2010.)*
50. **Treatment or Observation Room Charges** **obserchgs**	Charges for use of a treatment room or for the room charge associated with observation services.

DATA ELEMENT / FILE COLUMN HEADING	DESCRIPTION
51. **Gastro-Intestinal (GI) Services** **gastrochgs**	Charges for gastro-intestinal procedures rendered such as colonoscopy and endoscopy services. *(NOTE: This is a new data element beginning first quarter 2010.)*
52. **Extra-Corporeal Shock Wave Therapy (lithotripsy)** **lithochgs**	Charges for Extra-Corporeal Shock Wave Therapy (Lithotripsy) procedures. *(NOTE: This is a new data element beginning first quarter 2010.)*
53. **Other Charges** **othchgs**	Other facility charges not included in categories above.
54. **Total Gross Charges** **tchgs**	The total of undiscounted charges for services rendered by the reporting entity. Sum of all charges must equal total charges, plus or minus 13. *(NOTE: Prior to first quarter 2010, the sum of all charges equaled plus or minus 10.)*

Country Names and Alpha Code Elements (per ISO 3166-1)
http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Alpha Code	Country	Alpha Code	Country	Alpha Code	Country
AF	Afghanistan	CV	Cape Verde	GM	Gambia
AX	Aland Islands	KY	Cayman Islands	GE	Georgia
AL	Albania	CF	Central African Republic	DE	Germany
DZ	Algeria	TD	Chad	GH	Ghana
AS	American Samoa	CL	Chile	GI	Gibraltar
AD	Andorra	CN	China	GR	Greece
AO	Angola	CX	Christmas Island	GL	Greenland
AI	Anguilla	CC	Cocos (Keeling) Islands	GD	Grenada
AQ	Antarctica	CO	Colombia	GP	Guadeloupe
AG	Antigua and Barbuda	KM	Comoros	GU	Guam
AR	Argentina	CG	Congo	GT	Guatemala
AM	Armenia	CD	Congo, The Democratic Republic of the	GG	Guernsey
AW	Aruba	CK	Cook Islands	GN	Guinea
AU	Australia	CR	Costa Rica	GW	Guinea-Bissau
AT	Austria	CI	Cote D'ivoire	GY	Guyana
AZ	Azerbaijan	HR	Croatia	HT	Haiti
BS	Bahamas	CU	Cuba	HM	Heard Island and McDonald Islands
BH	Bahrain	CY	Cyprus	VA	Holy See (Vatican City State)
BD	Bangladesh	CZ	Czech Republic	HN	Honduras
BB	Barbados	DK	Denmark	HK	Hong Kong
BY	Belarus	DJ	Djibouti	HU	Hungary
BE	Belgium	DM	Dominica	IS	Iceland
BZ	Belize	DO	Dominican Republic	IN	India
BJ	Benin	EC	Ecuador	ID	Indonesia
BM	Bermuda	EG	Egypt	IR	Iran, Islamic Republic of
BT	Bhutan	SV	El Salvador	IQ	Iraq
BO	Bolivia, Plurinational State of	GQ	Equatorial Guinea	IE	Ireland
BA	Bosnia and Herzegovina	ER	Eritrea	IM	Isle of Man
BW	Botswana	EE	Estonia	IL	Israel
BV	Bouvet Island	ET	Ethiopia	IT	Italy
BR	Brazil	FK	Falkland Islands (Malvinas)	JM	Jamaica
IO	British Indian Ocean Territory	FO	Faroe Islands	JP	Japan
BN	Brunei Darussalam	FJ	Fiji	JE	Jersey
BG	Bulgaria	FI	Finland	JO	Jordan
BF	Burkina Faso	FR	France	KZ	Kazakhstan
BI	Burundi	GF	French Guiana	KE	Kenya
KH	Cambodia	PF	French Polynesia	KI	Kiribati
CM	Cameroon	TF	French Southern Territories	KP	Korea, Democratic People's Republic of
CA	Canada	GA	Gabon	KR	Korea, Republic of

Alpha Code	Country	Alpha Code	Country	Alpha Code	Country
KW	Kuwait	MP	Northern Mariana Islands	SE	Sweden
KG	Kyrgyzstan	NO	Norway	CH	Switzerland
LA	Lao People's Democratic	OM	Oman	SY	Syrian Arab Republic
LV	Latvia	PK	Pakistan	TW	Taiwan, Province of China
LB	Lebanon	PW	Palau	TJ	Tajikistan
LS	Lesotho	PS	Palestinian Territory, Occupied	TZ	Tanzania, United Republic of
LR	Liberia	PA	Panama	TH	Thailand
LY	Libyan Arab Jamahiriya	PG	Papua New Guinea	TL	Timor-Leste
LI	Liechtenstein	PY	Paraguay	TG	Togo
LT	Lithuania	PE	Peru	TK	Tokelau
LU	Luxembourg	PH	Philippines	TO	Tonga
MO	Macao	PN	Pitcairn	TT	Trinidad and Tobago
MK	Macedonia, The Former Yugoslav Republic of	PL	Poland	TN	Tunisia
MG	Madagascar	PT	Portugal	TR	Turkey
MW	Malawi	PR	Puerto Rico	TM	Turkmenistan
MY	Malaysia	QA	Qatar	TC	Turks and Caicos Islands
MV	Maldives	RE	Reunion	TV	Tuvalu
ML	Mali	RO	Romania	UG	Uganda
MT	Malta	RU	Russian Federation	UA	Ukraine
MH	Marshall Islands	RW	Rwanda	AE	United Arab Emirates
MQ	Martinique	BL	Saint Barthelemy	GB	United Kingdom
MR	Mauritania	SH	Saint Helena	US	United States
MU	Mauritius	KN	Saint Kitts and Nevis	UM	United States Minor Outlying Islands
YT	Mayotte	LC	Saint Lucia	UY	Uruguay
MX	Mexico	MF	Saint Martin	UZ	Uzbekistan
FM	Micronesia, Federated States of	PM	Saint Pierre and PM Miquelon	VU	Vanuatu
MD	Moldova, Republic of	VC	Saint Vincent and the Grenadines	see Holy See	Vatican City State
MC	Monaco	WS	Samoa	VE	Venezuela, Bolivarian Republic of
MN	Mongolia	SM	San Marino	VN	Viet Nam
ME	Montenegro	ST	Sao Tome and Principe	VG	Virgin Islands, British
MS	Montserrat	SA	Saudi Arabia	VI	Virgin Islands, U.S.
MA	Morocco	RS	Serbia	WF	Wallis and Futuna
MZ	Mozambique	SC	Seychelles	EH	Western Sahara
MM	Myanmar	SL	Sierra Leone	YE	Yemen
NA	Namibia	SG	Singapore	ZM	Zambia
NR	Nauru	SK	Slovakia	ZW	Zimbabwe
NP	Nepal	SI	Slovenia		
NL	Netherlands	SB	Solomon Islands		
AN	Netherlands Antilles	SO	Somalia		
NC	New Caledonia	ZA	South Africa		
NZ	New Zealand	GS	South Georgia and the South Sandwich Islands		
NI	Nicaragua	ES	Spain		
NE	Niger	SD	Sudan		
NG	Nigeria	SR	Suriname		
NU	Niue	SJ	Svalbard and Jan Mayen		
NF	Norfolk Island	SZ	Swaziland		

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_